

A COMPARATIVE STUDY OF ANXIETY AND DEPRESSION AMONG CAREGIVERS OF PSYCHIATRIC AND MEDICAL PATIENTS

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ABSTRACT

OBJECTIVE

The present study was conducted to assess the depression and anxiety level among caregivers of medical and psychiatric patients admitted in public hospital of tertiary care.

STUDY DESIGN

The Ex-post Facto design was used to study the levels of anxiety and depression among caregivers of psychiatric and medical patients.

PLACE AND DURATION OF STUDY

This multi-centred study was conducted from April to October, 2018 in 19 Psychiatry outpatient clinics from all over Pakistan.

SUBJECTS AND METHODS

The Independent Sample t-test indicated significantly high levels of depression and anxiety among caregivers of psychiatric patients as compared with medical patients' caregivers. The data of 100 was collected through convenience sampling in which equal number of caregivers of medical and psychiatric admitted patients was present. The Hospital Anxiety and Depression Scale (HADS) was administered on sample to compare the level of anxiety and depression

RESULTS

The Independent Sample t-test indicated significantly high levels of depression and anxiety among caregivers of psychiatric patients as compared to medical patients' caregivers.

CONCLUSION

Current research findings are in line with previous studies reflecting the need to address the symptoms of anxiety and depression among caregivers specifically of psychiatric patients.

KEY WORDS

Depression, Anxiety, Caregiver, Patients, Psychiatric, Medical

INTRODUCTION

The caregiver is defined as a person who helps patient in illness (Brown, 2014)¹. There are two types of caregivers, one is professional and the other is family caregivers. When a person is suffering from some illness, all aspects of his or her life for example emotional, physical, financial, and social, got affected. But it is not only the ill people who suffer but people connected to patient also got influenced with effects of illness (Given, 2001)². The term "care-giver burden" reflects the stress faced by caregivers of patients because of the adversities and challenges of the process of caregiving (Buhse, 2008)³. The care givers do face stress because the caregiving affects different aspects of caregivers' life. It is related to the effects of provision of physical, emotional, mental, and financial support to the patient (Farcnik & Persyko, 2002)⁴. The caregiver burden affects mental health of caregiver because of the stress associated with caregiving (Baven & Sternberg, 2012; Nutt, 1997)⁵⁻⁶. Family caregivers are integral partners in the provision of health care services and as compared to non-caregivers, caregivers frequently experience psychological and physiological effects that can lead to serious mental and physical illness.⁷ Researches also indicate significant relationship between caregiver burden and impaired quality of life manifested through physical, psychological, and social problems⁸.

There is tendency to have depressive and anxiety symptoms among caregivers of mental and physical patients as a result of stress produced by caregiving burden⁹. Anxiety and depression are among most common psychological problems (APA, 2013)¹⁰, and these problems lead towards poor quality of life⁹. Anxiety is defined as subjective feelings of distress, apprehension; fear accompanied with avoidance and escape, and depression is sad mood with pessimistic thoughts, hopelessness, and number of biological symptoms¹⁰. A high level of anxiety and depression in patients' care givers could be related to concerns about the future, coping with the situation, fear of loss and being alone, sole responsibility for children, and feelings of failure in helping patient⁹. There is also tendency to adopt physical problems such as heart diseases and poor immune functioning as result of care giver burden that may lead to anxiety and depression³. These bio psychosocial factors of stress may lead to symptoms of anxiety and depression among caregivers. The literature review indicated higher levels of stress, caregiver burden and poor quality of life among care givers of psychiatric patients as compared to medical patients' caregivers¹¹⁻¹². Current study aimed to assess and compare the levels of anxiety and depression among caregivers of medical and psychiatric admitted patients.

SUBJECTS AND METHODS

Participants

The sample of 50 caregivers in each group was selected through convenience sampling. Both groups are matched groups on basis of age and gender of caregivers and one caregiver of each patient was selected. The patients were

selected from in-patient facilities of psychiatric and medical wards of hospital. The inclusion criteria of caregivers was age 20years and more, blood relative and/or spouse of patient, and providing caregiving at least for 2 years to the patient. The exclusion criteria are age less than 20 years, no blood relation with patient, and provision of caregiving less than 2 years.

Instruments

The Hospital and Anxiety Scale (HADS) was used to assess the intensity of depression and anxiety in sample. It was developed by Zigmond and Snaith and is commonly used to assess the anxiety and depression. It is a fourteen items scale with maximum of 21 on each subscale.

Procedure

The sample of 50 caregivers of psychiatric and 50 caregivers of medical patients was collected from tertiary care hospitals of Lahore city. After taking consent, the sample was briefed about rationale of study and HADS was administered in exclusive setting. The results were analyzed by using independent sample t-test.

RESULTS

As both groups were matched on variables of age, gender, and socioeconomic status, so the details of demographics are same as both. In sample, majority of participants were from age group of 41-50 years of age whereas young adults in 20s and 50 plus were fewer than participants of age group 31-40. There was more representation of male gender. Majority participants in group of medical patients' caregivers were educated upto matric whereas in other group majority patients were from middle and matric class. The representation of both socioeconomic classes was equal in both groups.

Table 1
Descriptive Statistics of Sample

Variables	Psychiatric patients' caregivers	Medical patients' caregivers
Age		
20-30	08	08
31-40	12	12
41-50	20	20
51-60	10	10
Total	50	50
Gender		
Male	27	27
Female	23	23
Total	50	50
Education		
Middle	14	10
Matric	16	25
Intermediate	10	12
Graduate	10	03
Total	50	50
Socioeconomic Status		
Lower	24	24
Middle	26	26
Total	50	50

Table 2
Independent Sample t-test between Means of both groups

Scale	Group	M	SD	t
HADsDep	Psychiatric	9.5	2.6	1.6*
	Medical	8.7	2.9	
HADsAnx	Psychiatric	14.3	7.1	4.8**
	Medical	8.5	3.1	
HADsTotal	Psychiatric	23.1	7.4	4.2**
	Medical	18.2	4.2	

Note: df= 98, ** p>.01; * p>.05.

The t-test indicated that care givers of psychiatric patients were significantly high on HADs Total, and on both subscales i.e., HADsDep., and HADsAnx. Conclusively, this test revealed that caregivers of psychiatric patients were experiencing significantly high levels of anxiety and depressive symptoms.

DISCUSSION

The present study aimed to compare the level of depression and anxiety among medical and psychiatric patient caregiver. The results indicated that caregivers of psychiatric patients scored significantly high on Anxiety, Depression, and total scale, as compared with the caregivers of medical patients. Depression and anxiety are the psychological problems which can be a result of stress faced by caregivers of patients in process of care giving. The results indicated that caregivers of psychiatric patients have more depression and anxiety as compared with medical patient caregiver thus supporting the study hypothesis. This finding can be supported through findings of previous researches that the caregiver burden in families of psychiatric clients is statistically higher than that of the caregiver of the other medical illness^{12,13}.

The possible reason of this is stigma related to psychiatric disorders and also the fact that chronic psychiatric patients may develop number of physical problems also. Caregiver burden for psychiatric illness patient show more burden than caregivers of chronic medical illness may be due to the socially bizarre and inappropriate behaviors manifestation of the psychiatric disorders and sometimes patients' paranoid attitude towards care givers¹¹. The varied mood swings, disturbed sleep pattern, aggressive and violent outburst are some other aspect of illness that may be a cause of increased burden of care giving¹³.

Conclusively, current research findings are in line with previous studies reflecting the need to address the symptoms of stress like anxiety and depression among caregivers specifically of psychiatric patients.

LIMITATIONS AND SUGGESTIONS

1. The data should be increased to get more generalized results.
2. The demographic characteristics of sample should be compared.
3. The other aspects of stress associated with care giver burden should also be addressed.




FUTURE IMPLICATIONS

The study has tried to investigate a comparatively ignored area because there is paucity of research in comparing care give burden and associated psychological problems among care givers of psychiatric and medical patients. Hopefully, this research will let other researchers to put efforts in this field by comparing care giver burden among caregivers of different physical and mental disorder patients and also planning and conducting diverse counseling and management programs for care givers.

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